

NO3000006797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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06/15/15--01045--015 **35.00

15 JUN 11 AM 11:04

C.L.
6-22-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

JACOB ENSOR, ESQ / ROSS EARLE & BONAN, P.A.
789 SW FEDERAL HWY SUITE 101
STUART, FL 34994 US

SUBJECT: SAWGRASS VILLAS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N03000006797

We have received your document for SAWGRASS VILLAS CONDOMINIUM ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 915A00011149

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sawgrass Villas Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N03000006797

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacob Ensor, Esquire

Name of Contact Person

Ross Earle & Bonan, P.A.

Firm/Company

789 SW Federal Highway, Suite 101

Address

Stuart, FL 34994

City/State and Zip Code

jee@reblawpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Ensor, Esquire

Name of Contact Person

at **772 287-1745**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
15 MAY 26 PM 3:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
C18045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sawgrass Villas Condominium Association, Inc.
2. The principal office address: 1111 SE Federal Highway, Suite 100, Stuart, FL 34994
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/7/03 Document number: N03000006797
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cornett, Jane L Esq

401 SE Osceola Street, Suite 101

Stuart, FL 34994

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jacob Ensor, Esquire/Ross Earle & Bonan, P.A.

789 SW Federal Highway, Suite 101

P.O. Box NOT acceptable

Stuart, FL 34994

15 JUN 11 AM 11:04

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Patricia Marks
Signature of an officer or director

PATRICIA MARKS, Pres.
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

6/8/15
Date

If signing on behalf of an entity:

Jacob E. Ensor
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)